



COVID-19 Behavioral Health Services Providers Frequently Asked Questions

Background

Supporting the providers and individuals within our service delivery system is of utmost importance. We understand that due to the impact and evolving nature of COVID-19, business as usual is not plausible. The Texas Health and Human Services Commission (HHSC) will work to provide guidance and support throughout this pandemic. We have received a variety of inquiries from providers and are working diligently to address your concerns. HHSC Behavioral Health Services is maintaining a COVID-19 Provider Issues Management Log, and this FAQ document serves as a platform to respond to provider questions. This is a living document and will be updated and posted weekly.

What We Know Today

Mental Health Services

- Intellectual and Developmental Disability and Behavioral Health (IDD-BH) contracts and procurements are expected to move forward as planned as staff works collaboratively across all HHS areas to ensure completion.
- Mental Health Performance Contract Notebook performance measures and target expectations will be relaxed.
- Expanded use of the telephone to provide services (e.g., telehealth, telemedicine) and to interview collateral contacts is encouraged. Providers must document all telephone contacts in the client record.
- For mental health general revenue services, telephone resources in lieu of a face-to-face assessment and reassessment may be used by providers to complete the Child and Adolescent Needs and Strengths (CANS) and the Adult Needs and Strengths Assessment (ANSA).
- Mental Health targeted case management (TCM) can be provided via telehealth or telephone in lieu of face-to-face. Providers should document all telephone contact in progress notes and the client record.
- Block-grant funded mental health services may be provided using telemedicine, telehealth and telephone.
- It is important that documentation is maintained on all services provided. We will need to work out the details on how those services get reported.

Substance Use Disorder Services

- BHS contracts and procurements are expected to move forward as planned as staff work collaboratively across all HHS areas to ensure completion.
- Expanded use of telecommunication options (e.g., telehealth, telemedicine, telephone) to provide services and to interview collateral contacts is encouraged.



COVID-19 Behavioral Health Services Providers Frequently Asked Questions

- Performance measures and targets will be relaxed.
- Providers have major concerns about funding and service continuity. HHSC has created a fiscal impact report to assess the financial effects of COVID-19 statewide. HHSC will use the COVID-19 Fiscal Impact Report to document provider network activities and impact. Additionally, if funding becomes available to support or offset costs and revenue losses due to COVID-19, HHSC will use the reports to inform decisions on the allocation of available funding. The Fiscal Impact Report and associated instructions were sent out by the IDD-BH Contracts Management Unit.
- 2-1-1 has currently been identified as a behavioral health referral source for COVID-19.
- BHS is actively working on a statewide resource support for mental health referrals. Information may be found at <https://hhs.texas.gov/about-hhs/communications-events/news/2020/03/hhs-launches-statewide-covid-19-mental-health-support-line>.
- Disaster Behavioral Health Services in collaboration with BHS Program Services will host SUD provider calls every other Wednesday at 2 p.m. to provide updates and share information related to COVID-19.
- It is important that providers maintain documentation on all services. We will need to work out the details on how those services get reported.
- We ask that you continue to provide the required reports within the required timelines, unless otherwise approved by HHSC.

Substance Use Prevention Services

- An HHS communication addressing performance measures, specifically impacted activities, reporting, suggested activities and training is forthcoming. HHSC intends to suspend the enforcement of certain performance measures that require face-to-face interaction related to all prevention contracts from March 15, 2020, until further notice.
- Organizations that have the capacity should continue to provide educational services using web-based or media platforms — including agency websites, Google Classroom, Facebook, Instagram, Twitter and more — to educate and mobilize the community and promote health and wellness during this challenging time.

Recovery Support Services

- Recovery coaches should continue to provide support services via text, Facetime, telephone and other forms of video and audio communication.
- Recovery coaches will continue to provide documentation in the Clinical Management for Behavioral Health Services (CMBHS) system, and all modes of communication are acceptable and will be counted.



COVID-19 Behavioral Health Services Providers Frequently Asked Questions

Outreach, Screening, Assessment and Referral (OSAR) Centers

- OSAR staff may conduct screenings and assessments through audio or visual sources, such as telehealth and telephone.
- Obtain digital or original signatures whenever possible. However, verbal consent from the individual or their legally authorized representative is acceptable and should be documented in the client CMBHS record.
- A digital or original signature is still required for actions such as releases of information.
- The OSAR center has the latitude to make decisions regarding visits to jails, probation and parole offices, Texas Department of Family and Protective Services offices and other sites. BHS recommends OSARs make that determination based on local public health directives.

Opioid Treatment Providers

Methadone

- Following the Substance Abuse and Mental Health Services Administration (SAMHSA) guidance, HHSC Regulatory Services requested that opioid treatment programs (OTP) develop and submit comprehensive emergency-response action plans addressing key areas such as social distancing, quarantined individuals suspected of having COVID-19, take-home dosing, etc.
- The plans will be reviewed and submitted to SAMHSA.
 - **Initial visit and initiation of treatment:**
 - Federal regulations still require an in-person initial visit for methadone.
 - **Titration phase:**
 - Individuals must present to the clinic.
 - **Individuals who are stable:**
 - May receive take-home doses in accordance with previous guidance (14 or 30 days).

Buprenorphine

- OTP providers may initiate treatment and continue treatment via telemedicine.
- Other considerations:
 - Initial physical exams may be deferred, but the physician must physically see and interact with the patient.
 - Subsequent annual physical exams may be deferred.
 - OTP providers must have dosing backup plans. The emergency room is not an acceptable alternative.
 - Privacy restrictions have been modified per federal guidance.



COVID-19 Behavioral Health Services Providers Frequently Asked Questions

Medicaid Services

On March 20, 2020, HHSC Medicaid posted two provider notices to address claims for telephone (audio only) behavioral health and medical services.

- HHSC is authorizing providers to submit claims for dates of service from March 20, 2020 through April 30, 2020, for reimbursement of the following behavioral health and medical services delivered by telephone (audio only):
 - Psychiatric diagnostic evaluation
 - Psychotherapy
 - Peer specialist services
 - Screening, brief intervention and referral to treatment (SBIRT)
 - Substance use disorder services
 - Mental health rehabilitation
 - Evaluation and management

Note: The provider notice may be found on the Texas Medicaid and Healthcare Partnership website. **Please review the provider notices for detailed information and guidance.**

Resources:

http://www.tmhp.com/News_Items/2020/03-March/03-20-20%20Claims%20for%20Telephone%20Audio%20Only%20Behavioral%20Health%20Services.pdf

http://www.tmhp.com/News_Items/2020/03-March/03-20-20%20Claims%20for%20Telephone%20Audio%20Only%20Medical%20Services.pdf



COVID-19 Behavioral Health Services Providers Frequently Asked Questions

Frequently Asked Questions (FAQ)

General Questions

1. Will HHSC provide updates on its COVID-19 response?

HHSC is working diligently to keep providers up to date on all COVID-19 developments as they arise. HHSC is maintaining a FAQ list and is working to provide weekly updates.

Additional guidance may be distributed through the use of broadcast messages and the [HHSC Coronavirus \(COVID-19\)](#) webpage.

Providers are encouraged to sign up for important updates at:

<https://service.govdelivery.com/accounts/TXHHSC/subscriber/new>

If you have remaining questions about COVID-19, contact:

[Texas Department of State Health Services \(DSHS\) COVID-19 Call Center](#): Call 2-1-1 and select option 6 (seven days a week, 7 a.m.-8 p.m.) **DSHS email: coronavirus@dshs.texas.gov**

2. Can staff access personal protective equipment?

Personal Protective Equipment (PPE) Solutions

The World Health Organization has warned of a potential shortage of PPE, including medical masks, hand sanitizer, protective eyewear, gowns and gloves. In the event of PPE shortages, use the last-resort emergency back-ups below to offer temporary alternative solutions to protect the health of your staff and people receiving services.

Providers should first attempt to obtain PPE through their normal supply chain or through other typically available resources. These options include:

- Contacting any sister facilities for coordination.
- Reaching out to local partners or stakeholders.
- Looking at any possible reallocations within the appropriate Public Health Region, health care coalition, Regional Advisory Council or other medical supply agencies.

Providers who can't get PPE should follow national guidelines for optimizing their current supply or identify the next best option to care for people



COVID-19 Behavioral Health Services Providers Frequently Asked Questions

receiving services from the provider while protecting staff. If providers are unable to obtain PPE for reasons outside their control, HHSC surveyors will not cite them.

Resource:

<https://hhs.texas.gov/about-hhs/communications-events/news/2020/03/march-2020-qmp-bulletin>

Recommendations for Optimizing PPE

For the most current guidance on the use and conservation of PPE, access resources from [DSHS](#) and the Centers for Disease Control and Prevention.

- [Healthcare Supply of PPE](#)
- [Strategies to Optimize the Supply of PPE and Equipment](#)
- [Strategies for Optimizing the Supply of Facemasks](#)
- [Strategies for Optimizing the Supply of Eye Protection](#)
- [Strategies for Optimizing the Supply of Isolation Gowns](#)
- [Strategies for Optimizing the Supply of N95 Respirators](#)
- Strategies for Optimizing the Supply of N95 Respirators: [Crisis/Alternate Strategies](#)

Hospitals and health care professionals who cannot obtain any PPE from their vendor(s), and have exhausted all alternatives, should send their official requests to their local office of emergency management via the State of Texas Assistance Request (STAR) process. This is not a guarantee of receiving PPE. Supplies of PPE may be insufficient to meet demand.

Requesting PPE Through Local Emergency Management

[STAR](#) is the resource request process operated by the Texas Division of Emergency Management. It allows local emergency coordinators to request equipment and supplies. By working through your local emergency management officials, you can ask them to initiate a STAR request.

Requesting PPE Through a Regional Advisory Council

Each of the 22 RACs in Texas is tasked with developing, implementing and monitoring a regional emergency medical service trauma system plan. Providers also can [contact their RAC](#) to request PPE.



COVID-19 Behavioral Health Services Providers Frequently Asked Questions

[Map of RACs](#)

[Map of Trauma Service Areas with RAC Names](#)

Health Care Professionals' (HCP) Use of Homemade Masks

When medically approved facemasks are not available, HCP might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.

- [How to make a face mask – Deaconess Health System](#)
- [No-sew face mask](#)

These resources have not been independently endorsed or verified. This does not constitute guidance or a requirement from HHSC.

Gloves

- Put on clean, nonsterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated.
- Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.
- HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material and putting on and removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.

When there is a shortage of medically approved gloves, use dishwashing gloves or other sturdy protective gloves as a last resort.

Extended Use of Eye Protection

- Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different patients, without removing eye protection between patient encounters. Extended use of eye protection can be applied to disposable and reusable devices.



COVID-19 Behavioral Health Services Providers Frequently Asked Questions

- Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through.
- If a disposable face shield is reprocessed, it should be dedicated to one HCP and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on.
- Eye protection should be discarded if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).

[Please see the CDC guidance on crisis capacity strategies for eye protection.](#)

Alternative Protective Eyewear

Protective eyewear, such as construction or safety glasses with extensions that cover the sides of the eyes, or plastic face shields may be considered as a last option. Follow all cleaning and disinfection guidance.

Please see the [CDC guidance on crisis capacity strategies for eye protection.](#)

Isolation Gowns

In crisis capacity, the CDC recommends canceling all elective and nonurgent procedures and appointments for which a gown is typically used by HCP.

Extended Use of Isolation Gowns

Consideration can be made to extend the use of disposable or cloth isolation gowns. This means the same HCP wears the same gown when interacting with more than one patient known to be infected with the same infectious disease when these patients are housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). This can be considered only if there are no additional co-infectious diagnoses transmitted by contact (such as *Clostridioides difficile*) among patients. If the gown becomes visibly soiled, remove and discard per [usual practices](#).

Reuse of Cloth Isolation Gowns

Disposable gowns are not typically amenable to being doffed and reused because the ties and fasteners typically break during doffing. Cloth isolation gowns could potentially be untied and retied and could be considered for reuse without laundering in between uses.

Prioritize Gowns



COVID-19 Behavioral Health Services Providers Frequently Asked Questions

Gowns should be prioritized for the following activities:

- During care activities where splashes and sprays are anticipated, which typically include aerosol-generating procedures.
- During the following high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of health care providers:
 - Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use and wound care.

Please see the [CDC guidance on crisis capacity strategies for isolation gowns](#) for more information.

General Resources

There are many online resources providing guidance on the COVID-19 pandemic. Please access the following websites and resources to promote safety for your staff and the people you serve.

DSHS

[COVID-19 webpage](#)

[Information for Hospitals & Healthcare Professionals](#)

[COVID-19 Frequently Asked Questions](#)

[COVID-19 Local Health Entities](#)

HHSC

[Coronavirus \(COVID-19\) webpage](#)

[Provider Letter 20-21 Suspension of Certain LTCR Requirements During COVID-19 Outbreak](#)

CDC

[Coronavirus \(COVID-19\) webpage](#)

[CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)

[Resources for Clinics and Healthcare Facilities](#)

EPA



**COVID-19
Behavioral Health Services Providers
Frequently Asked Questions**

[List N: Disinfectants for Use Against SARS-CoV-2](#)

HHSC Resources for Day Activity and Health Services Facilities

[Provider Letter 20-14 Guidance on COVID-19 Response in DAHS Facilities](#)

HHSC Resources for Home and Community-Based Services

[Provider Letter 20-22 HHSC Guidance to Home and Community-Based Services \(HCS\) and Texas Home Living \(TxHmL\) Program Providers on COVID-19 \(Replaces PL 20-12\)](#)

[COVID-19 Guidance for FFS Service Coordinators and Case Managers](#)

[COVID-19 Provider Checklist and Information](#)

[COVID-19 Guidance for Community Attendants and In-Home Caregivers](#)

[Agency-Based In-Home Caregivers Screening Flowchart](#)

Providers should work with their local health departments and emergency management if they need PPE:

- Public Health Regions
<https://www.dshs.state.tx.us/regions/default.shtm>
- Texas Local Public Health Organizations
<https://www.dshs.state.tx.us/regions/lhds.shtm>
- Texas Division of Emergency Management: <https://tdem.texas.gov/>

For further information, visit the [DSHS webpage for hospitals and healthcare professionals](#).

3. If we have a positive or suspected COVID-19 case, who should we notify?

HHSC encourages all providers to follow CDC guidance for COVID-19 protocols and contact their local health department if they have questions or suspect a client has COVID-19.

- [Texas Coronavirus Disease \(COVID-19\) Local Health Entities](#)
- CDC [Information for Healthcare Professionals](#)
- CDC [Resources for Clinics and Healthcare Facilities](#)
- CDC [Healthcare Professionals: Frequently Asked Questions and Answers](#)

4. Can we continue operations after sanitizing an office or facility?



COVID-19 Behavioral Health Services Providers Frequently Asked Questions

HHSC encourages all program providers to regularly disinfect facilities and to follow guidance issued by:

- The [CDC](#)
- [DSHS](#)
- [HHSC](#)
- Their [local public health department](#)

Shelter-In-Place

1. Do local ordinances affect HHSC guidelines?

Several Texas cities and counties have issued emergency “shelter-in-place” orders, requiring certain businesses to shut down. These orders typically have exceptions for governmental entities and businesses that provide essential services. All mission-essential workers for HHSC, providers, vendors and contractors whose work cannot be performed through teleworking must continue to report to their work or duty stations, including in areas where local government authorities have issued shelter-in-place or stay-at-home orders.

Authorized local officials may request legal advice by sending an email to disaster-counsel@oag.texas.gov or by [making a web request online](#).

Resource:

[Cybersecurity and Infrastructure Security Agency Guidance on the Essential Critical Infrastructure Workforce](#)

2. Do I need a pass to leave my home to attend work if there is a shelter-in-place ordinance?

Some organizations have issued letters to their staff clarifying their role as an essential business. If you believe that a shelter-in-place or another order may affect your ability to work at your operation, HHSC encourages you to communicate with the local jurisdiction that issued the order to verify what documentation is needed for mission-essential employees.

3. Are inpatient and outpatient SUD services considered essential?

If you believe that a shelter-in-place or another order may affect your ability to work at your operation, HHSC encourages you to communicate with your HHSC program contact to clarify whether your organization qualifies as an essential service.



COVID-19 Behavioral Health Services Providers Frequently Asked Questions

4. Can we execute our methadone emergency plan if our city or county issues a shelter-in-place ordinance?

SAMHSA has posted COVID-19 guidance providing potential flexibility for OTPs. The COVID-19 guidance includes:

- Approaches for providing pharmacotherapy for individuals with an opioid use disorder exposed to infections and COVID-19.
- Disaster planning, potential flexibility for take-home medication, OTP guidance for patients quarantined at home with the coronavirus and frequently asked questions.

Note: All questions regarding OTPs must be deferred to the State Opioid Treatment Authority in HHS Regulatory Services as the situation is rapidly evolving.

Residential Services

1. What guidance should residential programs follow to ensure the safety of clients?

HHSC recommends all program providers follow CDC guidance, including guidance on social distancing and disinfecting precautions, as much as possible.

Program providers should follow guidance issued by:

- a. The [CDC](#)
- b. [DSHS](#)
- c. [HHSC](#)
- d. Their [local public health department](#)

Contracts

1. Will HHSC temporarily un-restrict funds to allow grantees to support general operations?

To request a modification to the use of your grant funding, please contact your assigned contract manager for assistance.

2. My program has been impacted by COVID-19. Are my contract deliverables still due?

HHSC asks that you continue to provide any required reports within the required timelines (i.e., Report 3, quarterly financials, MHFA, etc.). If your program has been significantly impacted by COVID-19 and you are seeking



COVID-19 Behavioral Health Services Providers Frequently Asked Questions

an extension or modification of your contract deliverables, please contact your assigned contract manager for further assistance.

3. Will my contract be extended, or is it still on schedule?

IDD-BH contracts and procurements are expected to move forward as planned as staff work collaboratively across all HHS areas to ensure completion. For additional questions, please contact your assigned contract manager.

Telehealth

1. How do we document services and consent for telehealth?

Providers are still required to document services and consent. Services delivered via telephone or telehealth should be documented in the clinical case file, and consent should be received from individuals served verbally and documented in the case file.

For additional guidance and information, reference:

- [Centers for Medicare & Medicaid Services \(CMS\) General Provider Telehealth and Telemedicine Tool Kit](#)
- [CMS COVID-19 Emergency Declaration Health Care Providers Fact Sheet](#)
- [Texas Department of Insurance Telemedicine emergency rule](#)
- [HHS Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#)

2. Are there specific site requirements for telehealth?

Medicaid providers should reference the Texas Medicaid Provider Procedures Manual for guidance on telecommunication services. Due to COVID-19, some services are being approved for telephone service provision. Use of the telephone to deliver services does not meet the definition and requirements of telehealth but may be allowed for GR- or Medicaid-funded services.

For additional guidance and information, reference:

- [TMHP Telecommunication Services Handbook](#)
- [CMS General Provider Telehealth and Telemedicine Tool Kit](#)
- [Texas Department of Insurance Telemedicine emergency rule](#)



**COVID-19
Behavioral Health Services Providers
Frequently Asked Questions**

- [HHS Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#)

3. Can Mental Health targeted case management (TCM) services be provided via telephone or telehealth?

Yes, mental health TCM can be provided via the telephone or telehealth in lieu of face-to-face. Providers should document all telephone contact in progress notes and the client record.

Resource: http://www.tmhp.com/News_Items/2020/04-April/04-01-20%20COVID-19%20Guidance%20Targeted%20Case%20Management%20Through%20Remote%20Delivery.pdf

4. How can we continue to engage clients remotely?

HHSC has expanded the use of the telephone to provide services (e.g., telehealth, telemedicine), using it to interview collateral contacts is encouraged. Providers must document all telephone contacts in the client record.

5. How should we enroll new clients without obtaining wet signatures on enrollment and consent forms?

For Mental Health Services:

Providers are still required to document services and consent. Services delivered via telephone or telehealth should be documented in the clinical record, and consent should be received from individuals served verbally and documented in the client record.

For Substance Use Services:

Substance use providers should follow the COVID-19 Guidance for Client Documents Requiring Signature including Consent to Treat, Consent to Release Information, and Financial Eligibility Determination/Attestation, which provides the following guidance:

- Whenever possible, conduct the SUD screening and assessment with the client via telehealth or telephone and arrange to obtain signatures for all



COVID-19 Behavioral Health Services Providers Frequently Asked Questions

- related consents and documents through digital signature or original signature before taking action such as release of information.
- The OSAR center and/or provider must obtain a digital or original signature whenever possible. However, when the original signature cannot be obtained, verbal consent should be documented in the client CMBHS record.
 - Upon obtaining verbal consent from the person or their legally authorized representative (LAR), the provider shall document via Administrative Note type. Select Other from the drop-down menu and name the note Verbal Consent. In the Narrative section of the note, document the clients' acknowledgment of consent, including:
 - The name of the clinical and/or medical personnel to whom disclosure was made and their affiliation with any health care facility.
 - The name of the client making the disclosure.
 - The date and time of the disclosure.
 - The nature of the emergency or purpose for accepting verbal disclosure and/or consent.

For additional guidance and information, reference:

- [TMHP Telecommunication Services Handbook](#)
- [CMS General Provider Telehealth and Telemedicine Tool Kit](#)
- [Texas Department of Insurance Telemedicine emergency rule](#)
- [HHS Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#)

Service Modifications and Considerations

1. How should we conduct initial assessments?

For Mental Health Services:

For mental health general revenue and Medicaid services, audio/visual or audio-only resources (such as telephone, Skype, FaceTime and others) may be used by providers in lieu of face-to-face assessments and reassessments to complete the Child and Adolescent Needs and Strengths (CANS), the Adult Needs and Strengths Assessment (ANSA) and the uniform assessment. For Medicaid, this flexibility is in effect through April 2020.



COVID-19 Behavioral Health Services Providers Frequently Asked Questions

For Substance Use Services:

Whenever possible, conduct the SUD screening and assessment via telehealth or telephone with the client and arrange to obtain signatures for all related consents and documents through digital signature or original signature before taking action, such as release of information.

SAMHSA has determined that telehealth is allowable for activities such as collecting GPRA assessments by telehealth or telephone. If your organization would like to proceed with this alternate data collection method, please send an email to ttor@hhsc.state.tx.us with a brief description of how your organization will ensure:

- confidentiality
- that provider staff is appropriately trained
- client identity confirmation
- how your organization is determining if/when a telephone interview is authorized

2. Should staff continue to assess at private residences and in emergency rooms?

HHSC recommends all program providers follow CDC guidance on social distancing and disinfecting precautions as much as possible.

Program providers should follow guidance issued by:

- The [CDC](#)
- [DSHS](#)
- [HHSC](#)
- Their [local public health department](#)

3. How do we enroll new clients without obtaining wet signatures on enrollment forms?

Providers are still required to document services and consent. Services delivered via telephone or telehealth should be documented in the clinical case file and consent should be received from individuals served verbally and documented in the case file.



**COVID-19
Behavioral Health Services Providers
Frequently Asked Questions**

Clinical Management for Behavioral Health Services (CMBHS) AND Mental Retardation and Behavioral Health Outpatient Data Warehouse (MBOW)

1. Will modifications be made in CMBHS to support telehealth?

Yes. Modifications are being made in CMBHS to account for the provision of services via telemedicine, telehealth and telephone. Details are available to vendors in the MBOW Change Log and the MH Services Array Change Log, both of which are accessible from the MBOW homepage.

Substance Use Prevention Programs

1. Questions regarding guidance on implementing virtual presentations via webinar software, exploring options in terms of features and analytics ability, and determining what demographics can be tracked.

Guidance related to the delivery of prevention services in relation to COVID-19 is forthcoming. Performance measures and related prevention activities will be addressed. Questions related to specific activities your organization wishes to provide may be addressed with your assigned program specialist.

2. Can a provider send staff, who are currently unable to access their usual participants due to business shut downs, into the community to support local organizations? This might include shelters, food pantries, the Salvation Army, etc. This would allow the organization to help their rural community, maintain or establish partnerships within the community and continue to work as appropriate.

HHSC recommends organizations continue to adhere to local, state and federal guidance related to social distancing and shelter-in-place policies/restrictions.

3. Will organizations continue to receive state funding even though they are technically not providing services as outlined in their statement of work? If their community is basically shut down, how do they maintain and sustain their organization without providing services outlined in their contracts?

HHSC is relaxing certain performance measures and strategies related to service delivery. Written guidance regarding performance measures and service delivery strategies (telemedicine, telehealth and telephone) is forthcoming. For questions directly related to funding and/or billing, please contact your assigned contract manager.



**COVID-19
Behavioral Health Services Providers
Frequently Asked Questions**

4. Will HHSC schedule a call with prevention providers to give an update on the response to COVID-19?

HHSC hosted a webinar related to all SUD providers on March 23, 2020. A link to that webinar is located here:

<https://www.gotostage.com/channel/8922127108329496326/recording/331d7f0647da4595b4298e5f8061bac5/watch>

5. What guidance, if any, does HHSC provide for grantees to advise on protecting themselves and others, continuing to spread the message of health within our communities and interacting with children who are at home.

HHSC has posted several resources related to prevention and COVID-19 on the Prevention Forums. Please check the forums regularly. In addition, continue to adhere to guidance from the CDC, DSHS and other local, state and federal public health entities.

Prevention Forum Resources:

Prevention Resource Center:

<https://txhhs.sharepoint.com/sites/hhsc/hsosm/iddbhs/bhs/pss1/cas/sump/prc/SitePages/Home.aspx>

Community Coalition Partnerships:

<https://txhhs.sharepoint.com/sites/hhsc/hsosm/iddbhs/bhs/pss1/cas/sump/ccp/SitePages/Home.aspx>

Youth Prevention:

<https://txhhs.sharepoint.com/sites/hhsc/hsosm/iddbhs/bhs/pss1/cas/sump/yp/SitePages/Home.aspx>

Note: The Prevention Forum is for HHSC-funded Prevention contractors.

6. For parent and youth community groups, is the expectation that groups be held via social media even though many of our families will not have access?

Guidance related to the delivery of prevention services in relation to COVID-19 is forthcoming. Performance measures and related prevention activities will be addressed. Questions related to specific activities your organization wishes to provide may be addressed with your assigned program specialist.